

Children of Color in the Indiana Child Welfare, Juvenile Justice, Education and Mental Health Systems

Identifying Overrepresentation & Disproportionality



Presenters

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Indiana Disproportionality Committee

Representatives from State child welfare and juvenile justice systems (public and private) have come together to establish the Indiana Disproportionality Committee.

- **VISION**: Children of all races and ethnicities being equitably served by Indiana's human service systems.
- **MISSION**: Create equality within the Indiana child welfare and juvenile justice systems and equalize the proportion of children of color in human service systems with their percentage of the overall population.





History

- **Why a Committee?**
 - Recommendation 7 from the Indiana Commission on Abused & neglected children
 - Solution focused
- Indiana Disproportionality Committee (IDC) had its first meeting on November 12, 2004
- Representatives from the state's public and private child welfare and juvenile justice systems



Purpose of Presentation: To Raise Awareness

- Define terminology
- Share research about overrepresentation & disproportionality
- Share state data
- Identify current Indiana efforts
- Engage in dialogue for possible solutions



Defining the Problem

**Children of color are
disproportionately and often
overrepresented in the child
welfare and juvenile justice
systems.**



Defining the Problem (cont.)

Disproportionality: Refers to the situation where a particular racial and/or ethnic group is represented within a social system **at a rate or percentage that is not proportionate** to their representation in the general population.



Defining the Problem (cont.)

Over-representation: Refers to the situation where a particular racial and/or ethnic group is represented within a social system at a **higher rate or percentage** than their representation in the general population.

Impacted Professionals

Probation

Attorney

Prosecutor

Citizen

Social Worker

Child Welfare (Private)

Faith-Based

Law Enforcement

Mental Health

Public Defender

Community Leader

Juvenile Justice

Firefighters

Education

Judiciary

Health Care

Legislator

Child Welfare (Public)

CASA/GAL

Other





Defining the Problem

Child Welfare

- **Children of Color enter foster care at a higher rate**
- **They are removed more often, rather than receiving in-home services.**
- **They stay in the system much longer.**
- **Less likely to reunite with families or be adopted from foster care.**

Juvenile Justice

- **Children of Color are treated more severely at every step of the juvenile justice system.**
- **They receive longer sentences.**
- **They're more likely to be charged with a violent offense.**
- **More likely to be sentenced to juvenile prison on drug charges.**



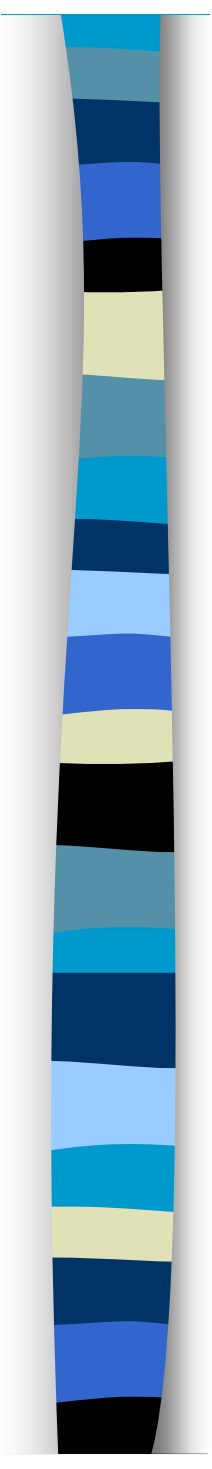
Defining the Problem

Education

- **Nationally and in Indiana, Black male students receive disciplinary action more often than students of any other race or gender.**
- **Black males are three times more likely to be held back than White males.**
- **In Indiana, Black children are four times more likely and Hispanic children are two times more likely to receive out of school suspensions than Whites.**

Mental Health

- **National studies have proven that Black youth, ages 13-17, are more likely to be referred to mental health facilities than White youth the same age.**
- **In the US minority youth are underserved compared to White youths by services such as counseling and psychotherapy.**
- **Researchers have found a direct correlation between the number of children of color underserved by the mental health system and the number entering the juvenile justice system.**



“Disproportionality of children of color is the result of multiple disadvantages that are social, political, economic and attitudinal in nature.”

(Casey Family Programs: Breakthrough Series Collaborative: Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System).



Indiana Disproportionality: What are the causes?

- Poverty
- Great frequency of reporting
- Higher visibility in systems that report.
- Worker bias
- Lack of cultural competency training requirements.
- Decision-maker bias
- Increased visibility and/or more patrolling of specific areas
- Subjective judgments
- Unequal policies
- Lack of cultural competency training requirements

(The Pew Commission on Children in Foster Care, 2004)

(Pathways to Juvenile Detention Reform: Reducing Racial Disparities, n.d., p.14)

Theories



**What do you see as being effects of
Disproportionality
on **YOUR** work?**



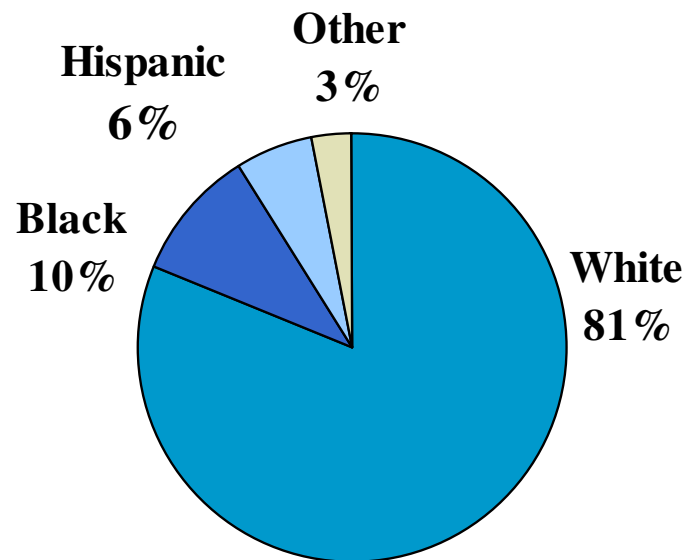
Indiana Trends

Indiana's YOUTH Population

In 2005, Indiana Youth's population consisted of:

81% White
10% Black
6% Hispanic
3% Other

U.S. Census Bureau, 2005

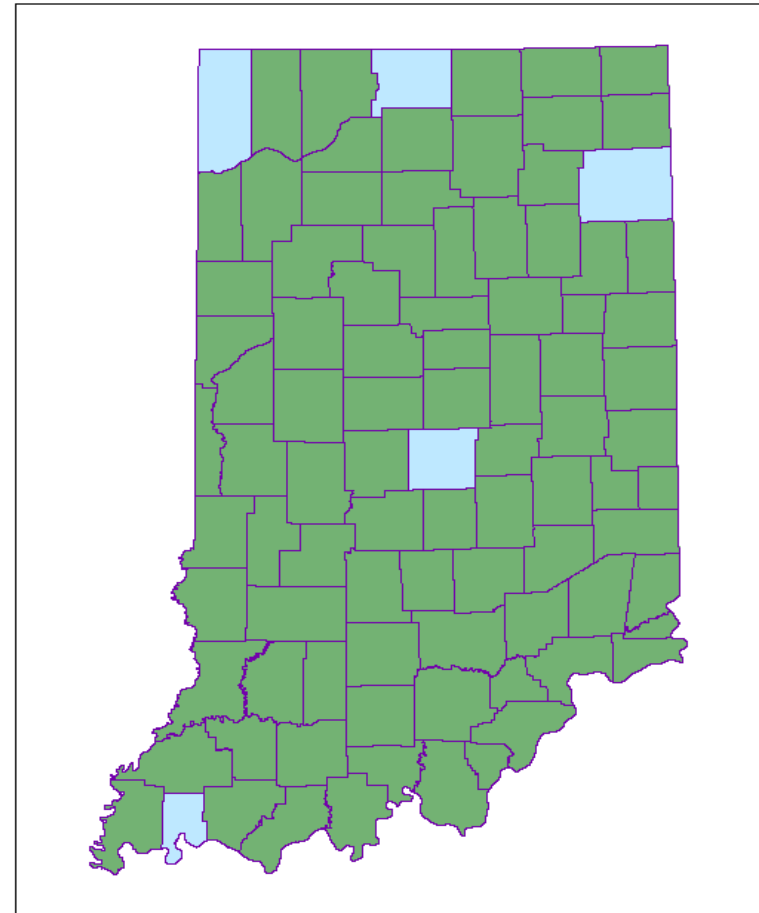


Indiana General Population

Black Populations are concentrated in few counties:

81% of Blacks live in 5 counties: Allen, Lake, Marion, St. Joseph, and Vanderburgh

81 Percent of Blacks Live in Five Counties

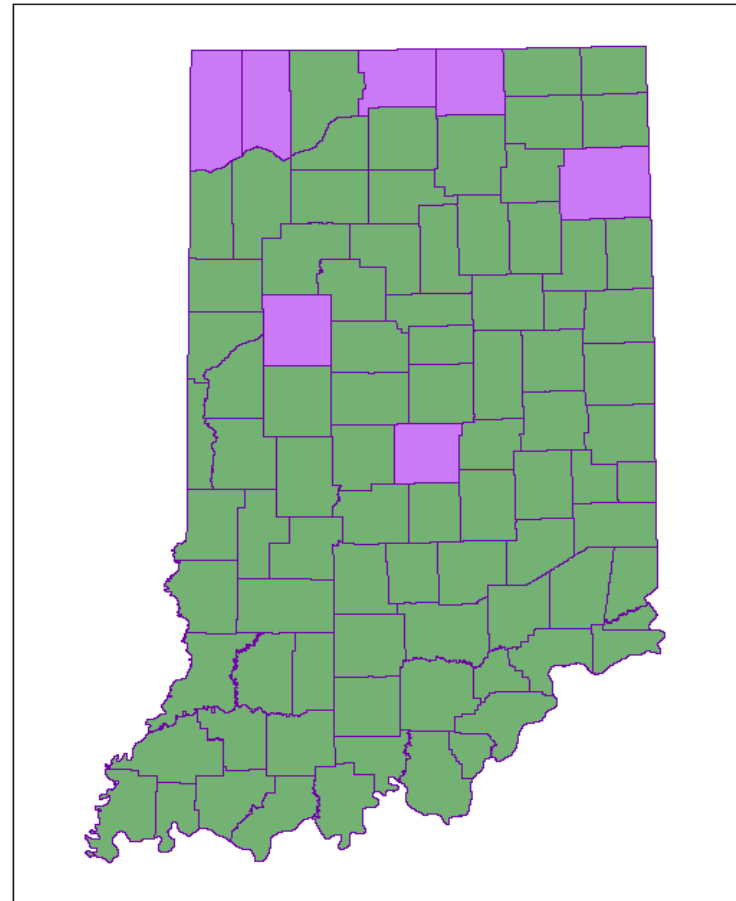


Indiana General Population

67 Percent of Hispanics Live in Seven Counties

Hispanic Populations are concentrated in few counties:

67% of Hispanics live in 7 counties: Allen, Elkhart, Lake, Marion, St. Joseph, and Tippecanoe





Child Welfare

Indiana Out-of-Home Care

Indiana's out-of-home care population in 2005 was made up of:

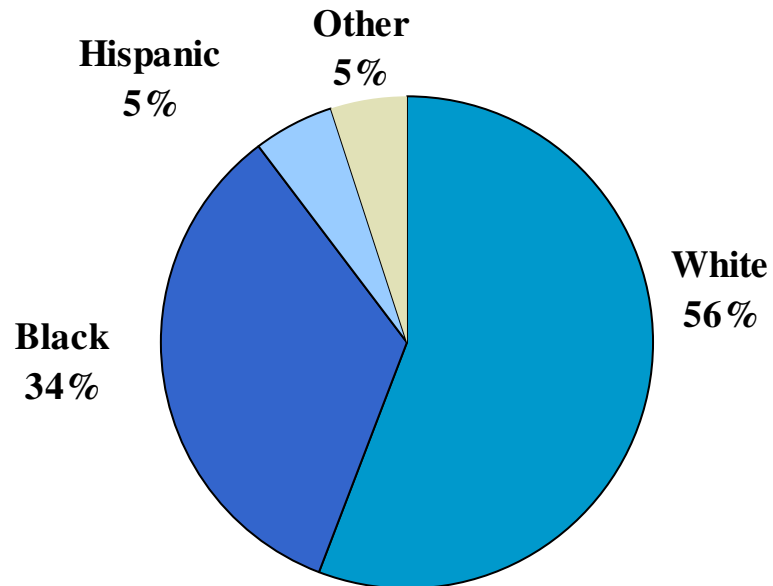
55.6% White

34.3% Black

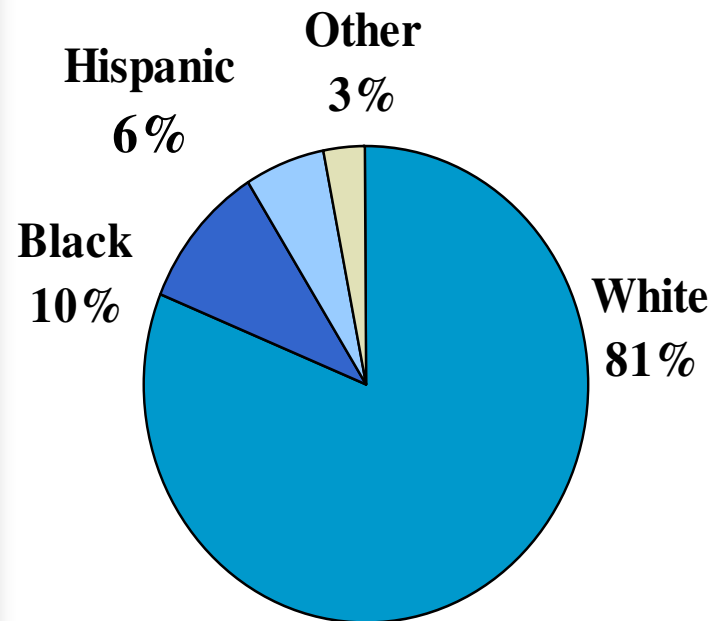
5.5% Hispanic

5% Other

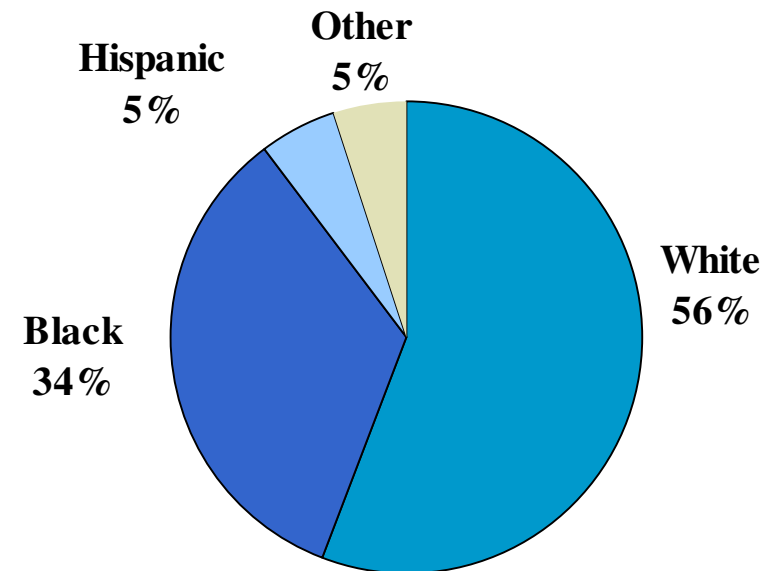
(Special tabulation, AFCARS by CWLA).



Side by Side Comparison



Indiana
Youth Population



Indiana
Out-of-Home Care

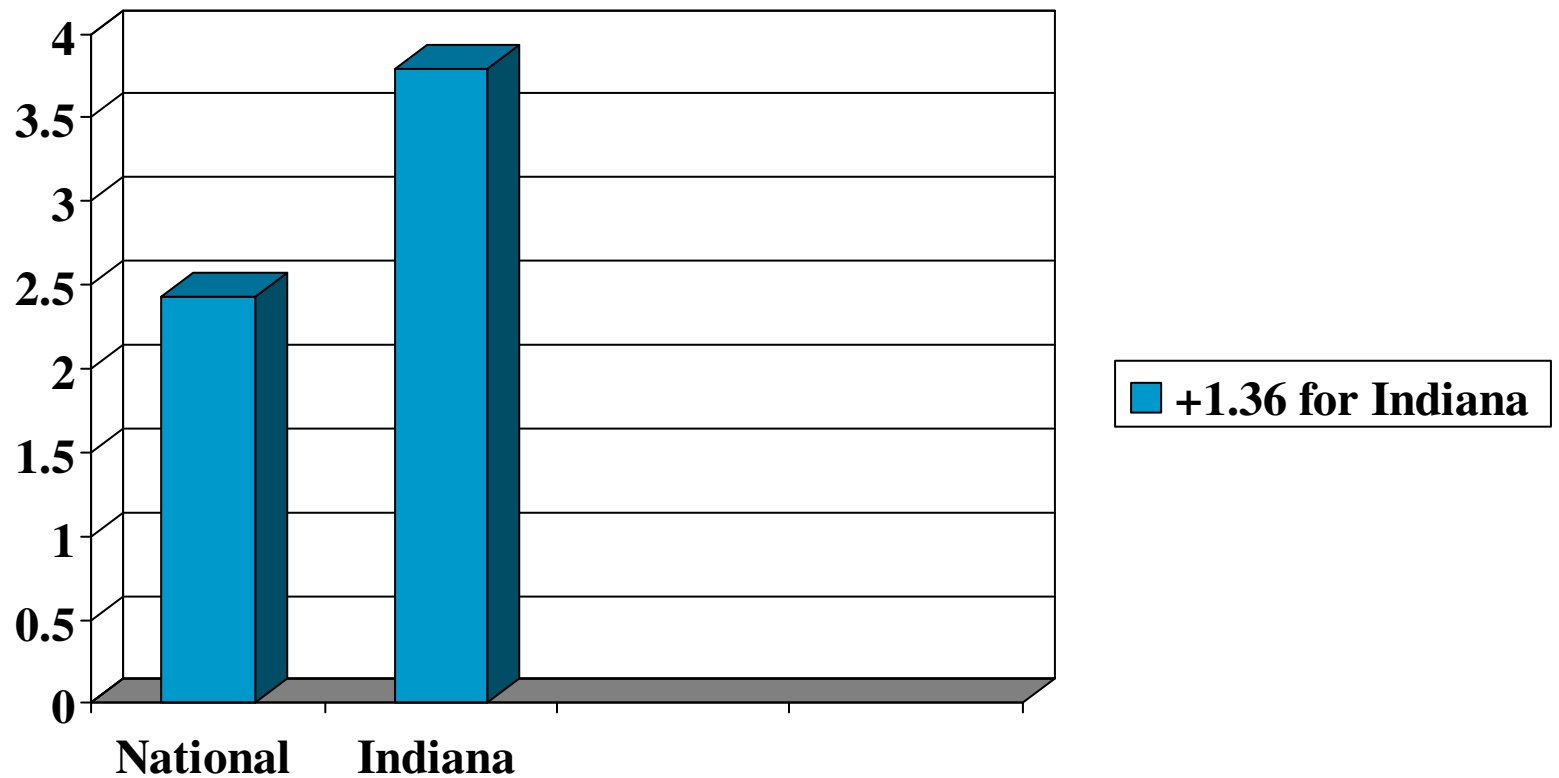


Child Welfare

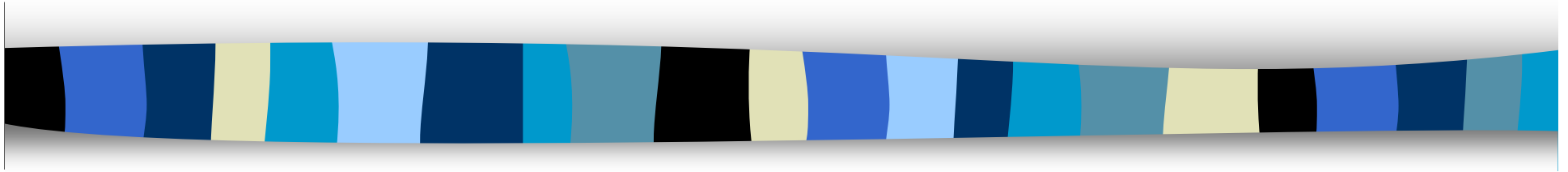
Race Matters found Indiana is one of 16 states that has been found to have “Extreme Disproportion” in Foster Care (*3.50 and over is considered extreme*).

Indiana’s rate for 2000 data was 3.79

Rates Compared



IARCCA...Indiana Association of Children & Family Services



IARCCA Outcome Measures Project



Outcome Measures Project

- Implemented statewide in 1998
- Ongoing data collection
- Participation rate – 75% of member agencies (104 member agencies)
- HIPAA compliant
- Over 5,500 forms completed annually



Outcomes collected

- **Clinical**
 - **Difficulty of child, family**
- **Functional**
 - **Education, employment**
- **Program Effectiveness**
 - **Met permanency goal, ROLES**
- **Satisfaction**
 - **Child, parent, referral source**



Who are the children (2005)?

- **5,319 youth**
- **12.4 years old (Mean)**
- **53.8% male --- 46.2% female**
- **68.3 % Caucasian**
- **21.7% African American**
- **3.4 % Hispanic**
- **6.6% Other**



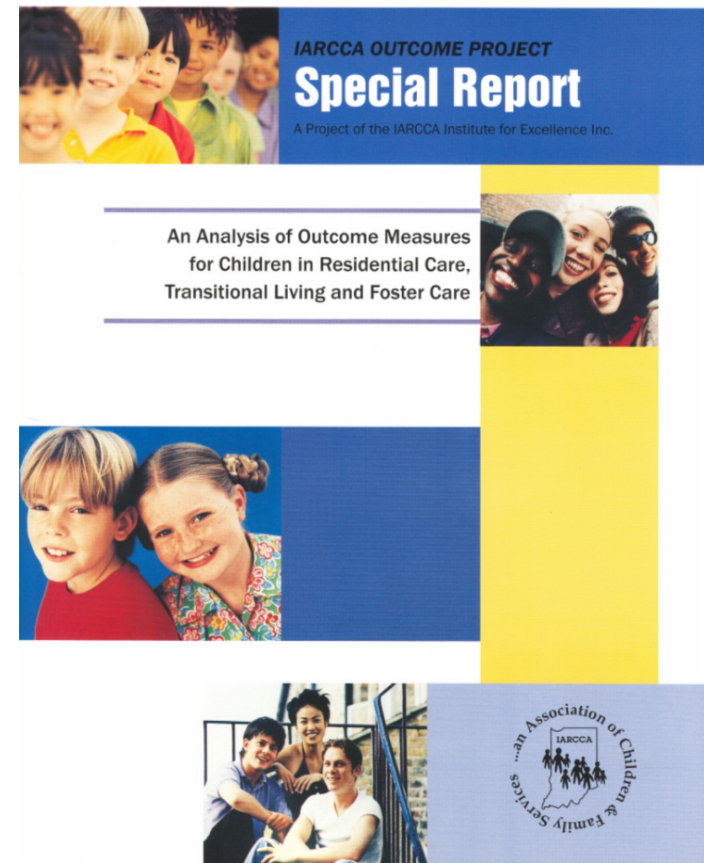
Program Types

- **Residential Care – 4 subtypes: PRTF, Locked Secure, Public Schools, and Public and On-grounds**
- **Foster Care;**
- **Transitional Living;**
- **Crisis Stabilization;**
- **Shelter Care;**
- **Home-Based;**
- **Day Treatment**

IARCCA Outcome Project Special Report (2003)

**An analysis of
outcome measures
for children in
residential care,
transitional living,
and foster care.**

**Funding provided by
the Lilly Endowment
Inc.**





Foster Care Results

- **Minority children were more likely to have negative educational outcomes than were Caucasian children.**
- **The relationship between physical abuse and restrictiveness of environment at discharge and sexual abuse and restrictiveness of environment at discharge were significant for Minority children, but not for Caucasian children.**
- **The relationship between special education and restrictiveness of environment was also significant for Minority children, but not for Caucasian children.** (IARCCA Outcome Measures Project, Special Report 2003)



Residential Care Results

- **Minority children were more likely to have a negative outcome with restrictiveness of environment at discharge.**
- **Relationships were significant for both Caucasian and Minority children between:**
 - (1) psychotropic medication and restrictiveness of environment (negative); (2) psychotropic medication and educational success (negative);**
 - (3) special education and educational success (negative);**
 - (4) special education and employment success (negative); and**
 - (5) grade retention and educational success (negative).** (IARCCA Outcome Measures Project, Special Report 2003)



Residential Care Results continued

The following risk factors were significant for Caucasian youth:

- 1) physical abuse and restrictiveness of environment (negative),
- 2) educational success (negative), and employment (negative).
- 3) Sexual abuse and restrictiveness of environment (negative) and educational success (negative) were significant for Caucasian children, and
- 4) domestic violence and restrictiveness of environment (negative) and educational success (negative).

The relationship between these variables for Minority children, although not statistically significant, tended to go in the *opposite* direction (positive).

(IARCCA Outcome Measures Project, Special Report 2003)



Transitional Living Results

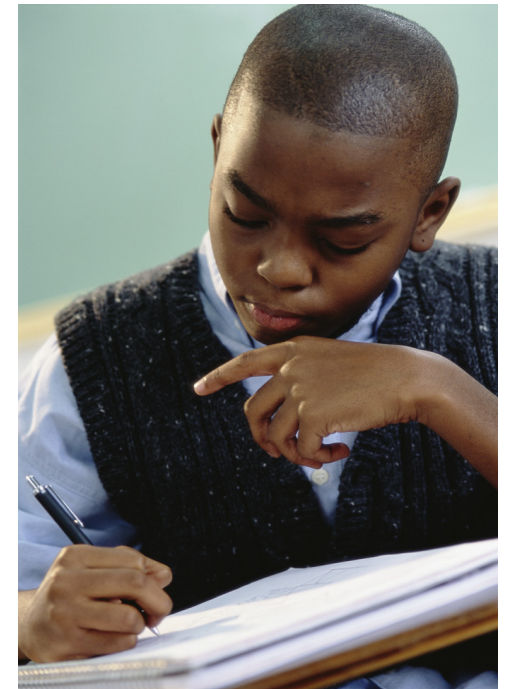
- There was a significant relationship for Minority youth between neglect and educational outcome (negative).
- Repeating a grade, although not significant for Minority youth, the trend was for the relationship to be in the *positive*.
- Minority youth who had received special education services were more likely to have *positive* employment outcomes than Caucasian youth. The sample of Minority youth who had received special education services was very small, so this result should be interpreted cautiously.

(IARCCA Outcome Measures Project, Special Report 2003)



Education

- Black males are three times more likely to be retained than the majority population;
- The percentage for Black males retained is 5.56% compared to 1.80% for Whites;
- Black males suspensions increased over the two school years (SY 2005-06 and 2006-07) by 3.98% while the suspension rate for White males decreased by just less than one percent;
- In 2006 the rate for Black males had increased by 53% when compared to the rate of 2005. This rate is three times the increase in the dropout rate for White males.



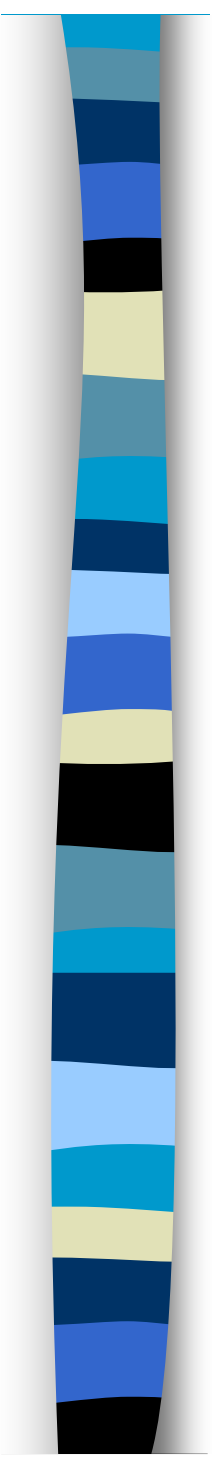


Special Education

- African Americans are identified for special ed disproportionately, and are placed in more restrictive settings
- Disproportionality is found in categories that require significant human interpretation
- Disproportionality in restrictiveness of placement not due to more severe disability categories
- Poverty does not explain disproportionality

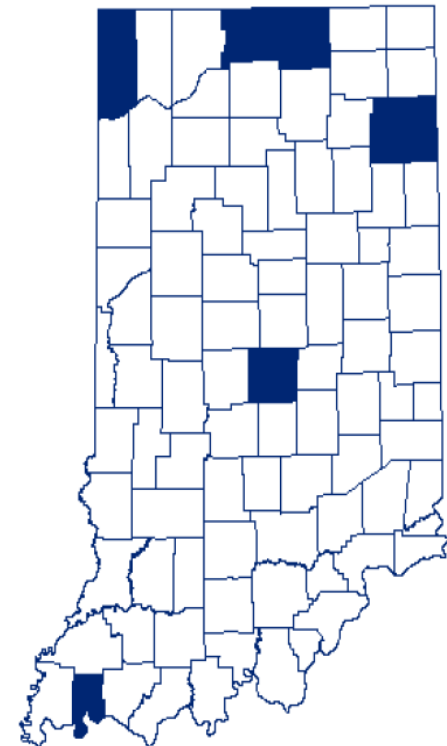


Juvenile Corrections

- 
- Black juveniles accounted for 32.66% of the juvenile population in 2006;
 - Over 28% of the juvenile offenders incarcerated for Controlled Substances are Black males;
 - Of the current juvenile males incarcerated on weapons charges, 41.67% of them are black males;

Six Indiana Counties with the Most Incarcerated JUVENILE Black males:

Marion
St. Joseph
Elkhart
Vanderburgh
Lake
Allen





Mental Health

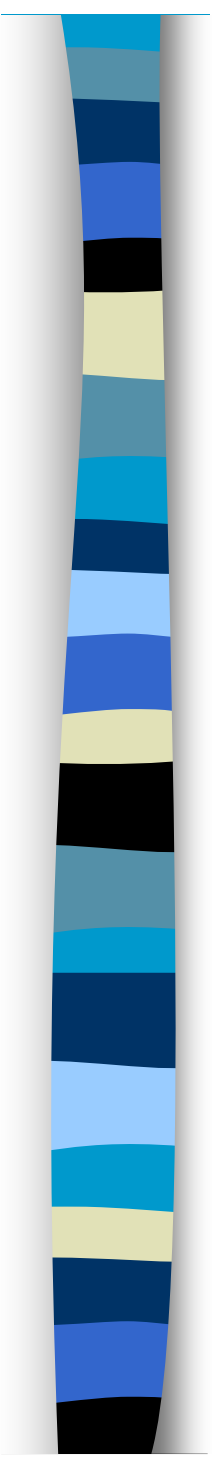


Youth Served SFY 2004

Numbers are provided by provided or funded by
state mental health agency

Ages 0-20 Years

American Indian/Alaskan Native	192
Asian	75
African American/Black	4,976 (17%)
Native Hawaiian/Other Pacific Islander	9
White	21,317 (72.66%)
Hispanic	2,768 (.09%)
	<hr/>
	29,337

- 
- **Minorities have higher representation** among impoverished and/or vulnerable populations (homeless, incarcerated, institutionalized persons). In these populations, **rates of mental illness are higher** as compared to the general population (DHHS, 1999). **Women** who are poor, on welfare, less-educated, unemployed, and from ethnic/racial minority populations are **more likely** to experience depression (HealthyPlace.com, 2006).
 - Disparity stems from **minorities receiving less care** and **lower quality of care**, rather than from **more severe or prevalent mental illness among minorities**. By not receiving (quality) care, **minorities have greater levels of disability, more lost workdays, and more limitations in daily activities** (DHHS, 1999).
 - Unfortunately, **mental health issues in racial/ethnic minorities may be underreported** because primary care physicians are **less likely to detect** mental health problems such as depression among African American and Hispanic patients than among whites (HealthyPlace.com, 2006).
 - **African Americans are overrepresented** in vulnerable populations **due to homelessness, incarceration, and for children, placement in foster care** (DHHS, 1999).
 - **African Americans** have expressed a belief that **disparities** in access to care are **responsible for hereditary traits** that may occur in their communities (Hamilton et al, 2006).
 - **African Americans are less inclined** to use services that are available, perhaps because there are **fewer African American mental health specialists for those who may prefer specialists of their own race/ethnicity**. African Americans are more likely to seek primary care from emergency rooms or psychiatric hospitals as opposed to seeking care from a mental health specialist; and they tend to **delay seeking treatment** until symptoms are more severe (DHHS, 1999).



Addressing Disproportionality...



What is being done Nationally?

- Greater visibility and prioritization overall.
- More research being done
- *Race Matters Consortium*
- Casey Foundation
- Coalition for Juvenile Justice (CJJ)
 - *State Advisory Groups* in all 50 States.

What's being done in Indiana...



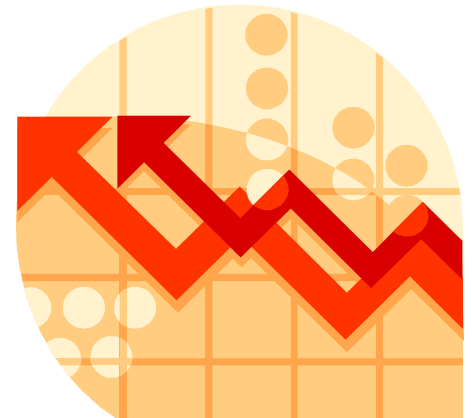
- **State of Black Youth Report (SOBY) by Indiana Black Expo (IBE)**
Regional Initiatives
- **Juvenile Detention Alternative Initiative (JDAI) – Marion County was selected by the Annie E. Casey Foundation to be a site**
- **IARCCA's Outcome Measures Project**
- **Including DMC presentation into MSW Curriculum**
- **IU Center for Education and Evaluation Policy (CEEP) collaboration**
- **Children and Adolescent Needs and Strengths (CANS) – Mental Health Statewide Assessment Initiative**
- **Full-time DMC Coordinator at ICJI**
- **Collaboration efforts with Department of Education (DOE)**
- **Collaboration efforts with Indiana Minority Health Coalition (IMHC)**
- **Indiana Civil Rights Commission – PBIS Cultural Responsive Initiative**



IDC

Recommendations for Change

- Encourage community building, including employment opportunities and networking with non-traditional services
- Make racial related/driven data more effectively and consistently available to the public
- Mandate diversity training for every State agency
- Require culturally competent practices at all levels
- Partnerships in the equity solution among all sectors
- Encourage consistent collection of data
- Increase prevention services & programs
- Change policies and practice guidelines
- Compare Indiana efforts to other States
- Make services accountable



Engaging Yourself

- **Acknowledge the problem.**
- **Provide quality services.**
- **Ask questions and become informed.**
- **Invest in children.**
- **Insist on realistic public policies.**
- **Advocate for change.**
- **Spread the word.**
- **Are you aware of other possible partners?**
- **What are your suggestions and recommendations?**





Thank You

Indiana Disproportionality Committee

**Working together to make connections
and find solutions.**